Name In Full: Bishop, Oliver

Certificate of Death

Died at: Town: Frederick City; County: Frederick; MARYLAND

Date 189 9 — Month: 11 — Day: 17 — Age: Y. 74 M. — D. —

Native of:

Occupation:

Male ~~Female~~ — White ~~Colored~~ — Married / Single — Widow / Widower — Divorced — Number of children living

Husband / Wife of

Father's Name:

Mother's Name:

Cause of Death — Primary: Mitral Disease 57 — How long sick: Several Years

Cause of Death — Immediate: Anaemia. — ~~Accident, Suicide, Homicide~~

Reported by: Hay P. Fahrney M.D.

Address: Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full

Certificate of Death

Jane Bowhan

Died at Town Libertytown County Frederick MARYLAND

Date 1899 Month Nov. Day 16 Age Y. 65 M. yrs D. Native of Libertytown Occupation House keeper

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name George Bowhan Mother's Name Lydia Bowhan

Cause of Death Primary Grippe 9 How long sick 6 days

Immediate Pneumonia ~~Accident, Suicide, Homicide~~

Reported by D. W. Beall. M.D.

Address Libertytown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full

Certificate of Death

Gen. Brandenburg, Jr.

Died at near Town Point of Rocks County Frederick MARYLAND

Date 189 9 Month 1 Day 22 | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced ~~Number of children living~~

Husband of

Wife

Father's Name Gen. Brandenburg

Mother's Name

Cause of Death: Primary shot 1450

Immediate

How long sick

Accident, ~~Suicide, Homicide~~

Reported by Emmitsburg Chronicle 11-27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Jacob Clem

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 1899 Month Nov. Day 24 Age Y. 81 M. D. Native of Md Occupation Farmer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 2

Husband of Wife

Father's Name

Mother's Name 81

Cause of Death Primary Gastric Catarrh How long sick 11 Days

Immediate Asthenia ~~Accident, Suicide, Homicide~~

Reported by E. T. Hoffner M.D.

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full 5736 Julia Costello

Certificate of Death

Died at Town Libertytown County Frederick MARYLAND

Date 1899 Month Nov Day 18	Age Y. 90 M. D.	Native of Irish	Occupation none
~~Male~~ Female	White ~~Colored~~	Married ~~Single~~	Widow ~~Widower~~ ~~Divorced~~

Number of children living 1

Husband of Wife Late Thos Costello

Father's Name Dont know

Mother's Name Dont know

Cause of Death — Primary: Old age 141 — How long sick 6 weeks

Immediate — Accident, Suicide, Homicide

Reported by Dr T. J. Sine

Address Libertytown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7668B

Attended by Dr. Thomas Linn

of Libertytown

Seen by Coroner

of

Information contained in this certificate received

from

of

Name in Full Fannie Countee. Certificate of Death

Died at Town Frederick, County " MARYLAND

Date 1894 Month 11 Day 26 Age Y. 76 M. D. Native of Md Occupation Servant

~~Male~~ ~~White~~ ~~Married~~ Widow Divorced X

Female Colored ~~Single~~ ~~Widower~~ Number of children living X

Husband / Wife of Countee.

Father's Name X Mother's Name X

Cause of Death: Primary Senile Debility 141 How long sick 1 week

Immediate Paralysis of Heart Accident, Suicide, Homicide

Reported by C F Goodell. M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name In Full

Sarah Ann Catherine Dorcus

Certificate of Death

Died at Town Bolivar County Fred MARYLAND

Date 1894 Month Nov Day 10 | Age Y. 76 M. 10 D. 21 | Native of Md | Occupation House wife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ ~~of~~ Wife Wm Dorcas

Father's Name John Boogle Mother's Name Susan Horine Boogle

Cause of Death: Primary Heart-Disease (Mitral) How long sick 1 month

Immediate Paralysis 57 ~~Accident, Suicide, Homicide~~

Reported by Dr. S. S. Davis

Address Boonsboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Wm T Mock (undertaker)

Name in Full

Certificate of Death

Alice Ebberts

Died at Town Frederick County Fredk MARYLAND

Date 1899 Month Nov. Day 18 | Age Y. 48 M. – D. – | Native of Frederick – Occupation Seamstress

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living —

Husband / Wife of Unmarried

Father's Name Matthew Ebberts Mother's Name Elizabeth Ebberts

Cause of Death: Primary Cerebral Hemorrhage How long sick 4 days

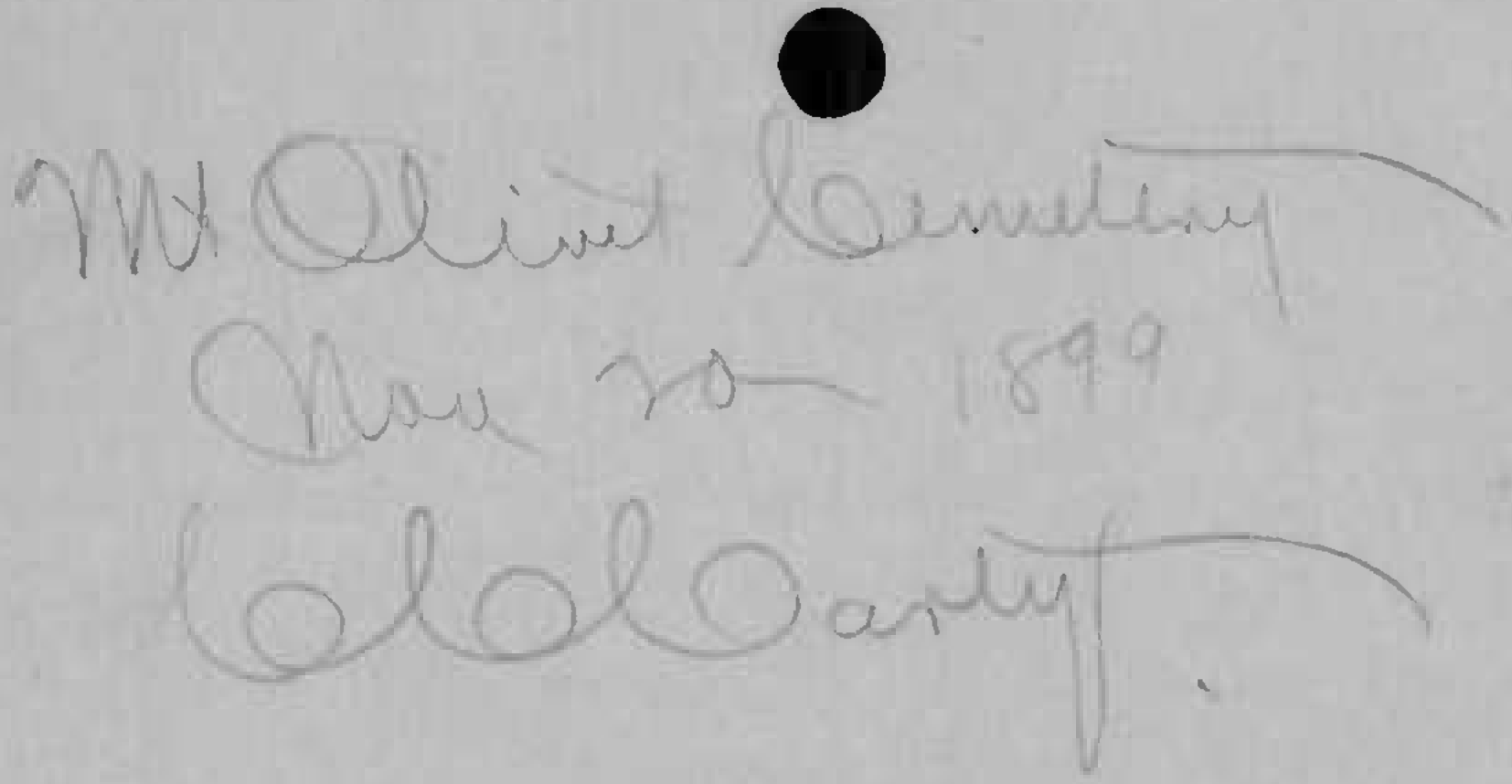
Immediate Coma 42 ~~Accident, Suicide, Homicide~~

Reported by Sabinek MD

Address [illegible]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name In Full

Josiah Green

Certificate of Death

Died at Town Wolfsville County Frederick MARYLAND

Date 1899 Month Nov. Day 16 Age Y. 57 M. 3 D. 20 Native of Wolfsville Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 1

Husband of Wife Nancy Marker

Father's Name — Mother's Name —

Cause of Death: Primary Consumption 2a — How long sick Six months

Immediate Hemorrhages — Accident, Suicide, Homicide

Reported by James A. Grove (Undertaker)

Address Wolfsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. Lewis Lamar

of Wolfville Nd.

Seen by Coroner .....

of .....

Information contained in this certificate received from James A. Gore

of Wolfville Nd.

Name in Full Martha Harden Harden

Certificate of Death

Died at Town Knoxville County Frederick MARYLAND

Date 1899 Month Mar Day 21 Age Y. 73 M. D. Native of Ohio Occupation Housework

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of Lewis Harden

Father's Name — Mother's Name — 57

Cause of Death Primary Valvular Disease of the Heart

Immediate General Dropsy

How long sick

~~Accident, Suicide, Homicide~~

Reported by Lewis West

Address Brunswick Frederick Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Record 4-1.99

5.13. PM

Name in Full: Emily J Jackson

Certificate of Death

Died at: Town Frederick County Frederick MARYLAND

Date 1899 Month 11 Day 27 | Age Y. 61 M. — D. — | Native of Va | Occupation —

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 3

Husband of Wife: Richard Jackson

Father's Name: Reuben Jackson

Mother's Name: Mary Williams

Cause of Death: Primary Paralysis 44 | How long sick 4 weeks

Immediate | Accident, Suicide, Homicide

Reported by: Dr Wm Crawford Johnson

Address: Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 66969

Name in Full — Certificate of Death

Lora M. Kehler

Died at Town: Frederick, County: Frederick — MARYLAND

Date 189 9 Month: Nov. Day: 27 — Age Y. 35 M. – D. – — Native of Frederick Md. — Occupation Seamstress

~~Male~~ Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / Widower — Divorced — ~~Number of children living~~ 97

Husband / Wife of ——— ———

Father's Name Frederick Kehler — Mother's Name Elizabeth Kehler

Cause of Death — Primary: Bright's disease — Immediate: Asthenia — How long sick: 3 weeks last sickness

~~Accident, Suicide, Homicide~~

Reported by S. V. Hoffman, M.D., Frederick, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BEGER

Name In Full Roy S. Lam.

Certificate of Death

Died Mar Dombs (Town) Indnick (County) MARYLAND

Date 1899 Month Nov Day 8 | Age Y. 4 M. 6 D. 9 | Native of Indnick Co. | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of 8a

Father's Name Wm L. Lam

Mother's Name Susan Jenkins

Cause of Death: Primary Laryngeal Diphtheria — How long sick 3 days.

Immediate Strangulation — Accident, Suicide, Homicide

Reported by J. B. Johnson M.D.

Address Adamstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79885

Name in Full Mary Grace Levy

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 1899 Month Nov. Day 22 Age Y. 55 M. 8 D. 29 Native of New York Occupation Housewife

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7

~~Husband~~ Wife of C. V. S. Levy, dec'd.

Father's Name W. D. Stobell Mother's Name 93

Cause of Death Primary Colic followed by Peritonitis & Heart failure How long sick 4 days

Immediate Apnoea ~~Accident, Suicide, Homicide~~

Reported by S. T. Hoffman, M.D.

Address Frederick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Ociolia Lipscomb. Certificate of Death

Died at Town Brunswick County Frederick MARYLAND

Date 1899 Month 11 Day 29 Age Y. M. 2 D. 18 Native of Occupation

~~Male~~ ~~White~~ Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name John Lipscomb. Mother's Name Lama Lipscomb

Cause of Death Primary Marasmus 82 How long sick since birth

Immediate Accident, Suicide, Homicide

Reported by C. S. Rether MD

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Received 8/- 30 99
2 30 PM

Name in Full: Robert G McPherson

Certificate of Death

Died at — Town: Frederick — County: Frederick — MARYLAND

Date 1899 — Month: Nov — Day: 13 — Age: Y. 81 M. D. — Native of: Frederick — Occupation: Retired

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced

Number of children living: 4

Husband / Wife of

Father's Name: Robert G

Mother's Name: Maria Dan

Cause of Death — Primary: Paralysys 44 — How long sick: 10 days

Immediate

Accident, Suicide, Homicide

Reported by: F F Smith

Address: 40 East 2d street

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65989

C. C. Carly FD

Nov 16

M O'Connelly

Name in Full Robert Payne

Certificate of Death

Died at Town Frederick County MARYLAND

Date 189 9 Month 11 Day 6 Age Y. 65 M. D. Native Md Occupation

Male White ~~Married~~ Widow Divorced

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name John Payne

Mother's Name Sophia Burns

Cause of Death Primary Acute Rheumatism How long sick 5 mos

Immediate Endocarditis 26 ~~Accident, Suicide, Homicide~~

Reported by Sra J. McCurdy

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Penn

Died at Frederick Town County Frederick MARYLAND

Date 189? Month 11 Day 24 | Age Y. 1 M. 3 D. 9 | Native of Frederick | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single Widower Number of children living

Husband / Wife of X X X X

Father's Name Granville Penn | Mother's Name Penn

Cause of Death: Primary Congs. Membranous 86

Immediate suffocation

How long sick 3 days

~~Accident, Suicide, Homicide~~

Reported by W. A. Long

Address 461 S. Monroe St City.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Margaret Rice

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 1899 Month November Day 13 Age Y. 85 M. 10 D. 13 Native of Frederick Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ Wife of George Rice

Father's Name

Mother's Name 14

Cause of Death Primary Senility

Immediate Septicaemia from Gangrene

How long sick about 4 weeks

~~Accident, Suicide, Homicide~~

Reported by LaBruck

Address 17 E 2nd St Frederick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Mary L Seidthaw

Certificate of Death

Died at — Town: Frederick — County: Frederick — MARYLAND

Date 1899 — Month: Nov — Day: 15 — Age: Y. 87 M. 11 D. 14 — Native of: Germany — Occupation:

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

Husband / Wife of: Tom Seidhart

Father's Name: — Mother's Name:

Cause of Death — Primary: Paralysis 44 — How long sick: 10 days

Immediate: — Accident, Suicide, Homicide:

Reported by: F. F. Smyth

Address: 40 East 2d Street

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 66968

Name In Full

Certificate of Death

Mrs. Frederic Shipley

Died at Town: Frederick County: Frederick MARYLAND

Date 1899 Month: November Day: 19th Age: Y. 44. M. D.

Native of: Frederick Occupation: House wife

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

~~Widow~~ Widower

~~Divorced~~

Number of children living 10

~~Husband~~ Wife of Frederick Shipley

Father's Name

Mother's Name 57

Cause of Death: Primary: Organic Heart disease

How long sick 4 hours,

Immediate: apnoea

~~Accident, Suicide, Homicide~~

Reported by Frank H. Hedges

Address 7. N. Market St. Frederick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 66068

Name in Full: Lewis Calvert Stevens

Certificate of Death

Died at — Town: Frederick — County: Frederick — MARYLAND

Date 189 9 — Month: 11 — Day: 6 — Age: Y. 8 M. D. — Native of: Md — Occupation: —

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — Single — ~~Widower~~ — ~~Number of children living~~

Husband / Wife of

Father's Name: Cha[illegible] Stevens — Mother's Name: 8a

Cause of Death — Primary: Nephritis running after Diphtheria — How long sick: 3 weeks

Immediate: Uraemic convulsion — ~~Accident, Suicide, Homicide~~

Reported by: Dr Wm Crawford Johnson

Address: Fredk Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Absolem Straileman

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 1897 Month 11th Day 19th Age Y. 65 M. D. Native of Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower ~~Divorced~~ Number of children living 3

Husband ~~Wife~~ of

Father's Name

Mother's Name 44

Cause of Death Primary Paralysis

Immediate Paralysis of heart.

How long sick about 3 days

~~Accident~~, ~~Suicide~~, Homicide

Reported by Frank H. Hedges Per. F.B. Smith

Address 7. North Market St. Frederick.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65069

Name in Full

Certificate of Death

Annie E. Sullivan

Died at Town: Monrovia County: Frederick MARYLAND

Date 189 9 Month: 12 Day: 26 | Age Y. M. D. | Native of | Occupation

~~Male~~ / Female

~~White~~ / ~~Colored~~

Married / ~~Single~~ / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~

Number of children living 2

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary / Immediate — 161

How long sick

Accident, Suicide, Homicide

Reported by Carroll Record 12-2

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full

Wm A. Taylor

Certificate of Death

Died at Town Middletown County Frederick MARYLAND

Date 1899 Month 11 Day 11 | Age Y. 49 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 2

Husband of Wife

Father's Name

Mother's Name 65

Cause of Death { Primary hemmorrhage / Immediate

How long sick

Accident, Suicide, Homicide

Reported by Centreville Record 1148

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full Gertrude Wiles — Certificate of Death

Died at Town Frederick. County " MARYLAND

Date 189 9 Month 11 Day 22 Age Y. 5 M. D. Native of Md Occupation X

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower Number ~~of children~~ living

Husband of Wife x

Father's Name Harvey Wiles Mother's Name Alice Myers

Cause of Death Primary Burned (accident) How long sick 1 day

Immediate Convulsions 146a Accident, Suicide, Homicide

Reported by C J Goodell. Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full: Ignatius Wilson

Certificate of Death

Died at — Town: Frederick — County: Fdk — MARYLAND

Date 1899 — Month: Nov. — Day: 26 — Age: Y. — M. 1. — D. 5. — Native of: Fredk — Occupation: —

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — ~~Number of children living~~

Husband / Wife of: —

Father's Name: George Wilson

Mother's Name: Kate Vanpassen

Cause of Death — Primary: Pneumonitis — 72 — How long sick

Immediate: Asphyxia — Accident, Suicide, Homicide

Reported by: L. A. Burck MD

Address: N Eng St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Zedreiks

Certificate of Death

Died at Town Frederick County " MARYLAND

Date 1899 Month 11 Day 24 Age Y. M. D. Native of — Occupation —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ Divorced

Female Colored ~~Single~~ ~~Widower~~ Number of children living

Husband / Wife of X

Father's Name Mr Whitin

Mother's Name Emily Zedreiks

Cause of Death: Primary Stillbirth — How long sick X

Immediate X — ~~Accident, Suicide, Homicide~~

Reported by 6 T Gordon mnd

Address Health Officer

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]